

# U.S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION (FRA)

**OMB Control No. 2130-0017**  
Expires: 7/31/2006

A. Initiating Agency <input type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max. 7 char.)	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date (MM/DD/YYYY)
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## Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name)		2. State (2 char.)	3. County (max. 20 char.)
4. Railroad Division or Region (max. 14 char.)	5. Railroad Subdivision or District (max. 14 char.)	6. Branch or Line Name (max. 15 char.)	7. RR Milepost (max. 7 char) (nnnnn.nn)
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15 char.) (optional)	10. Parent RR (max. 4 char.) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable)
12. City (max. 16 char.) (check <input type="checkbox"/> In one) <input type="checkbox"/> Near		13. Street or Road Name (max. 17 char.)	<b>STATE SUPPLIED INFORMATION</b>
14. Highway Type & No. (max. 7 char.)	15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Unknown	21. HSR Corridor ID (2 char.)
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian	18. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None	20. Average Passenger Train Count Per Day _____
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Provide Number _____ (7 characters)			22. County Map Ref. No. (max. 10 char.)
			23. Latitude (max. 10 char., nn.nnnnnnn)
			24. Longitude (max. 11 char., nnn.nnnnnnn)
			25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated

**27. PRIVATE CROSSING INFORMATION**

27.A. Category (check one) <input type="checkbox"/> Recreational <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____
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28.A. Railroad Use (max. 20 char.)	29.A. State Use (max. 20 char.)
28.B. Railroad Use (max. 20 char.)	29.B. State Use (max. 20 char.)
28.C. Railroad Use (max. 20 char.)	29.C. State Use (max. 20 char.)
28.D. Railroad Use (max. 20 char.)	29.D. State Use (max. 20 char.)

30. Narrative (max. 100 char.)

31. Emergency Contact (Telephone No.)	32. Railroad Contact (Telephone No.)	33. State Contact (Telephone No.)
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## MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

### Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains _____	1.B. Total Switching Trains _____	1.C. Total Daylight Thru Trains (6 AM to 6 PM) _____	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing			
2.A. Maximum Time Table Speed (mph) _____			
2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks			
Main _____ Other _____ If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing?		5. Does Another RR Operate Over Your Track at Crossing?	
<input type="checkbox"/> Yes    If Yes, Specify RR (max. 16 char.) _____		<input type="checkbox"/> Yes    If Yes, Specify RR (max. 16 char.) _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	

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B. Crossing Number (max. 7 char.)	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY)
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## Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct	2. Type of Warning Device at Crossing - <b>Signs</b> (specify number of each)			
	2.A. Crossbucks: _____	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None	2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____			
3. Type of Warning Device at Crossing - <b>Train Activated Devices</b> (specify number of each)				
3.A. Gates _____	3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____	3.D. Mast Mounted Flashing Lights (number) _____	3.E. Number of Flashing Light Pairs _____
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____		3.G. Highway Traffic Signals (number) _____	3.H. Wigwags (number) _____	3.J. Bells (number) _____
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____				
4. Specify Special Warning Device NOT Train Activated (max. 20 char.)		5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None	7. Signalling for Train Operation: Is Track Equipped with Train Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption	
9. Reserved For Future Use	10. Reserved For Future Use	11. Reserved For Future Use	12. Reserved For Future Use	

## Part IV: Physical Characteristics

1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	
3. Number of Traffic Lanes Crossing Railroad _____		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify) _____				
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use

## Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Functional Classification of Road at Crossing _____	4. Posted Highway Speed _____
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks _____	7. Average Number of School Buses Over Crossing per School Day _____	

**Paperwork Reduction Act:** Public reporting for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB Control Number. The valid OMB Control Number for this collection is 2130-0017.